



STATE OF MAINE  
OFFICE OF THE ATTORNEY GENERAL

**MAINE ATTORNEY GENERAL  
VOLUNTEER MEDIATOR APPLICATION**

_____	_____	_____
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
_____		
<b>Address</b>		
_____		
<b>E-mail Address</b>		
_____		
_____	_____	_____
<b>Cell Phone</b>	<b>Home Phone</b>	<b>Date of Birth</b>

I am interested in joining the next Volunteer Mediator training class and understand if selected for the program I will commit to completing the required training on consumer law and mediation skills.

**Yes**                      **No**

I understand that once training is completed, I will volunteer as a mediator in the Augusta office of the Attorney General for at least 3 hours per week on a regularly scheduled day and time.

**Yes**                      **No**

Briefly describe your education and employment histories, any certificates or professional licenses you may hold and any other experiences, which you feel will be useful if you are selected for training as a volunteer mediator. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our volunteer mediation program? \_\_\_\_\_  
\_\_\_\_\_

*I certify that all of the information that I have provided on this form to the Maine Office of the Attorney General is true and accurate.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Return to: Tracy Thompson, Complaint Examiner  
Phone: (207) 626-8851  
Email: Tracy.l.thompson@maine.gov

Office of the Attorney General  
Consumer Mediation and Information Service  
6 State House Station  
Augusta, Maine 04333-0006